

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-6155		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 1		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY			DATE OF CRASH: 04 10 14		TIME: MILITARY 1414		
CRASH OCCURRED ON Colonial Park East, 499 Monroe Rd.			WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION _____ MILES _____ FEET			N S E OF			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE 8321	
LOG-1		LOG-2		LOC JUR FH9 FILT						
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Esurance				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Allen, Caleb S.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3745 Niemoeller Dr., Hamilton, OH						
PHONE NO. 513-444-8932		BIRTH DATE 2 23 92		AGE 22		SEX F		SOCIAL SECURITY NO.		STATE OH
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS				PHONE		
VEH YR 2012		MAKE Honda		MODEL Civic		COLOR Maroon		STYLE 2S		STATE OH
LICENSE PLATE NO. UWOTM8		TOWING SERVICE Case		VEH/PED DIR FROM TO						
CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
8	UNIT NO.	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT				
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) City of Lebanon				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) soil and grass damage at park located at 499 Monroe Rd., Lebanon, OH 45036						
PHONE NO. 513-932-3060		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE		
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE
LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR FROM TO						
CIRCLE DAMAGE AREAS 1 2 3 4 5 6 7 8		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES
ADDRESS		PHONE		SEX		A 1 B C D E F		A 5 B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		CONDITION		
ADDRESS		PHONE		SEX		A 1 B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		CONDITION		
ADDRESS		PHONE		SEX		A 1 B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		RESTRAINTS		ALCOHOL
ADDRESS		PHONE		SEX		A 1 B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		A <input type="checkbox"/> YES B <input type="checkbox"/> YES 1 <input checked="" type="checkbox"/> NO TESTED TESTED
A	B	C	INJURED TAKEN TO		By		A 8 B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
D	E	F	INJURED TAKEN TO		By		A 1 B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		EJECTION		DRUGS
A <input type="checkbox"/> ORC CITY ORD		O <input type="checkbox"/> ORC CITY ORD		O <input type="checkbox"/> ORC CITY ORD		O <input type="checkbox"/> ORC CITY ORD		A 1 B C D E F		A <input type="checkbox"/> YES B <input type="checkbox"/> YES 1 <input checked="" type="checkbox"/> NO TESTED TESTED
RECEIVED CALL 1414		DISPATCHED 1414		ARRIVED 1414		CLEARED 1532		OTHER TIME		TOTAL MINUTES
DATE REPORT FILED M 4 D 13 Y 14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME J. Oehler		BADGE NO. 124		CHECKED BY		
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO ALCOHOL DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG								